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**Appropriations Reporting Requirement**

**Local Health Department Conformance  
With Food Service Sanitation Regulatory  
Minimum Program Requirements**

**March 2004 – March 2005**

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**Michigan Department of Agriculture  
Food and Dairy Division  
March 2005**

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## **I. INTRODUCTION**

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### **PURPOSE**

In accordance with Public Act 353 of 2004, the Michigan Department of Agriculture (MDA) is directed to report on local health department conformance with Minimum Program Requirements (MPRs). Section 401(1) of Public Act 353 of 2004 states:

The department shall monitor restaurant inspection and licensing functions carried out by local health departments to ensure uniform application and enforcement of minimum program requirements. On or before April 1, 2005, the department shall report to the senate and house appropriations subcommittees on agriculture, the senate and house fiscal agencies, and the state budget director on local health department conformance with minimum program requirements.

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## **II. FOOD SERVICE SANITATION PROGRAM SUMMARY**

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Food safety in Michigan's restaurants is the result of a partnership between MDA and Michigan's 45 independent local health departments. MDA primarily establishes statewide program policy and direction, provides consultation and training services to local health department sanitarians, and evaluates local health department performance in conjunction with the Michigan Local Public Health Accreditation Program. Each local health department is evaluated every three years. The Accreditation Program helps to assure accountability for the \$8,878,700.00 appropriated by the state to local health to conduct the food service sanitation program.

Local government, through the collection of fees and taxes contributed \$16,997,172.00 for a total statewide budget of \$25,246,137.00. In return, 278 local health department sanitarians conducted 95,797 inspections of 48,353 licensed food service establishments, investigated 5,093 complaints, and approved 1,957 plans for new construction. In

addition, local health departments provide training and consultation services to the food service industry and are food safety leaders at the local level.

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### **III. MICHIGAN LOCAL PUBLIC HEALTH ACCREDITATION PROGRAM ACCREDITATION QUALITY IMPROVEMENT PROCESS**

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The Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (MDEQ) and Michigan's 45 local health departments are committed to providing strong, effective local health programs and services for Michigan citizens.

Because an efficient, valuable, and credible accreditation process is fundamental to effecting that commitment, in December 2002, the Michigan Local Public Health Accreditation Commission recommended that the Michigan Departments of Community Health, Agriculture, and Environmental Quality pause the review of local health department programs and commence a structured process for accreditation quality improvement.

In March 2003, the Accreditation Quality Improvement Process (AQIP) Workgroup was organized and convened in collaboration with the Michigan Association for Local Public Health and the Michigan Public Health Institute.

In June 2003, 161 local public health professionals and 19 state agency reviewers responded to a 60-question survey developed by the Workgroup. The survey was designed to identify opportunities for accreditation process improvement.

In December 2003, the AQIP Workgroup finalized its deliberations with the release of a 28-page AQIP Survey Executive Summary/Analysis and a 23-page report containing 44 recommendations for Accreditation process improvement.

The Michigan Local Public Health Accreditation Commission accepted the AQIP reports at its January 2004 meeting and recommended state agency review and implementation. The three state agencies have reviewed the AQIP reports in their entirety and have commenced accreditation quality improvement activity.

As of December 17, 2004, MDCH, MDA, and MDEQ have implemented 21 of the 44 overall recommendations for improvement, 17 recommendations are nearing completion, and six (6) recommendations have not yet been assigned to a workgroup.

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## IV. Local Health Department Accreditation Summary

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Local health department food service sanitation program evaluations resumed on February 6, 2004. Upon conclusion of the AQIP process, there are now six (6) Minimum Program Requirements with 21 program indicators. An accredited local health department maintains accreditation status throughout the time period allowed for corrective action. The following is a summary of the findings:

### Local Health Departments Evaluated in 2004

Local Health Department	Date of Evaluation	Number of Indicators "Met" out of 21 Possible	Corrective Plan of Action Due Date	MDA Follow-up Review Deadline	Follow-Up Result
District # 4	Feb. 6, 04	15	April 9, 04	May 9, 05	All Met 10/4/04
St. Clair	Feb. 23, 04	17	April 23, 04	May 23, 05	All Met 1/26/05
Bay	March 8, 04	18	May 8, 04	June 8, 05	
Mid-Michigan District	March 22, 04	20	May 22, 04	June 22, 05	All Met 12/3/04
City of Detroit	April 5, 04	11	June 5, 04	July 5, 05	
District #2	April 19, 04	19	June 19, 04	July 19, 05	
Barry-Eaton District	May 3, 04	18	July 3, 04	August 3, 05	
Northwest Community Health Agency	May 17, 04	11	July 17, 04	August 17, 05	
Luce Mackinac Alger Schoolcraft	June 7, 04	17	August 7, 04	Sept. 7, 05	
Shiawassee	June 21, 04	14	August 21, 04	Sept. 21, 05	
District No. 10	July 5, 04	16	Sept. 5, 04	Oct. 5, 05	
Washtenaw	July 19, 04	21	NA	NA	NA
Western U.P. District	Aug. 9, 04	17	Oct. 9, 04	Nov. 9, 05	
Kent	Aug. 23, 04	19	Oct. 23, 04	Nov. 23, 05	
Berrien	Sept. 6, 04	13	Nov. 6, 04	Dec. 6, 05	
Benzie-Leelanau	Sept. 20, 04	17	Nov. 20, 04	Dec. 20, 05	
Dickinson-Iron	Oct. 4, 04	18	Dec. 4, 04	Jan. 04, 06	
Jackson	Oct. 18, 04	13	Dec. 18, 04	Jan. 18, 06	
Allegan	Nov. 1, 04	16	Jan. 1, 05	Feb. 1, 06	
Saginaw	Nov. 15, 04	20	Jan. 15, 05	Feb. 15, 06	
Genesee	Dec. 6, 04	19	Feb. 6, 05	March 6, 06	

### General Statistics

<b>Average Number of Indicators Met</b> (21 total):	16.5
Highest Number of Indicators Met	21
Lowest Number of Indicators Met	11
<b>Average Number of Important Factors Met</b> (6 total)	2.3
Highest Number of Important Factors Met	4
Lowest Number of Important Factors Met	1
<b>Average Met with Conditions per Department</b>	1.75
<b>Average Number Special Recognitions*</b> (21 possible)	10.5
Highest Number of Special Recognitions	17
Lowest Number Special Recognitions	3
<b>Best Practices</b> (offered by local health to MDA)	11

\*given for 90+% indicator compliance and/or when an indicator that was Not Met in Cycle 1 is now Met

### Top 10 Most Successful Indicators

Indicator	% Met
4.3 – New Construction (field)	100
2.3 – Vending Machine Locations	95
2.5 – Temporary Food Service Establishment Inspections	95
2.2 – Inspection Frequency	95
5.1 – Technical Training	95
5.3 – Specialty Food Service Inspection Skills	95
4.5 - Variances	90
5.2 - Fixed Food Service Inspection Skills	90
4.1 – Enforcement Policy	90
4.6 – Complaint Investigation	90

### Top 5 Problem Indicators

Indicator	% Met
2.8 - Inspections Result in Food Code Compliant Establishments (field)*	30
6.2 - Foodborne Illness Investigation Procedures	30
1.1 – Plan Review	55
2.6 - Inspection Procedures	60
4.2 – Unauthorized Construction	60

\*25% that passed did so with a “Met with Conditions”

### Important Factors\*

Important Factors	% Met
Important Factor I – Educational Outreach	100
Important Factor II – HACCP Program	0
Important Factor III – Continuing Education for Regulatory Staff	85
Important Factor IV – Program Support**	25
Important Factor V – Industry and Community Relations	10
Important Factor VI – Quality Assurance Program	5

\* Important Factors are optional – not required

\*\*25% of the depts. met minimum staffing levels. None met recommended levels

### Local Public Health Department Accreditation Status - January 2005

Health Department	Week of Last On-Site Review	Accreditation Status
Kalamazoo	3/4/02	Commendation
Branch-Hillsdale-St. Joseph DHD	4/8/02	Commendation
Marquette	5/6/02	Commendation
Lapeer	7/8/02	Commendation
Delta-Menominee	7/22/02	Commendation
Ottawa	8/19/02	Commendation
Muskegon	9/9/02	Commendation
Tuscola	9/23/02	Commendation
Grand Traverse	10/7/02	Commendation
Chippewa	10/21/02	Commendation
Huron	11/4/02	Commendation
VanBuren/Cass	11/18/02	Commendation
Sanilac	12/2/02	Commendation
District H.D. No. 4	3/17/04	Commendation
St. Clair	2/23/04	Commendation
Bay	3/8/04	Accredited
Mid-Michigan District H.D.	3/22/04	Commendation
City of Detroit	4/5/04	Commendation
District H.D. No. 2	4/19/04	Commendation
Barry-Eaton District H.D.	5/3/04	Commendation
Northwest Community	5/17/04	Accredited
Luce-Mackinac-Alger-Schoolcraft	6/7/04	Accredited
Shiawassee	6/21/04	Commendation
District H.D. No. 10	7/5/04	Accredited
Washtenaw	7/19/04	Commendation
Western U.P. District H.D.	8/9/04	Commendation
Kent	8/23/04	Commendation
Berrien	9/6/04	Commendation
Benzie-Leelanau District H.D.	9/20/04	Commendation
Dickinson-Iron District H.D.	10/4/04	Commendation
Jackson	10/18/04	Commendation
Allegan	11/1/04	Commendation
Saginaw	11/15/04	Commendation
Genesee	12/6/04	Commendation
Ingham	2/26/01	Commendation
Calhoun	3/12/01	Commendation
Central Michigan District H.D.	3/26/01	Commendation
Macomb	4/16/01	Commendation
Lenawee	5/7/01	Commendation
Ionia	5/21/01	Commendation
Livingston	6/4/01	Commendation
Midland	6/18/01	Commendation
Monroe	7/9/01	Commendation
Oakland	7/23/01	Commendation
Wayne	8/6/01	Commendation

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## **V. PROGRAM ISSUES**

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### **Governor Granholm's Risk Factor Reduction Initiative**

The Centers for Disease Control has identified five behaviors and practices through epidemiological data as being the most prevalent contributing factors of foodborne illness or injury: poor personal hygiene; food from unsafe sources; inadequate cooking; improper holding temperatures, and contaminated equipment.

A significant reduction in the prevalence of the risk factors has the potential for reducing the number of foodborne illnesses in Michigan. Nationally, it is estimated that there are 76 million people who become ill from microorganisms in food resulting in as many 325,000 hospitalizations and as 5,000 needless deaths every year.

Earlier this year, MDA proposed an initiative to the governor titled "Reducing the Risks of Foodborne Illness." The goal of the initiative is to reduce the prevalence of the risk factors in all food establishments by 25% by late 2010. This initiative parallels the National Retail Food Steering Committee of the U.S. Food and Drug Administration's goal to make a 25% reduction in the occurrence of the CDC risk factors in institutional food service establishments, restaurants, and retail food stores by October 1, 2010. Governor Granholm has endorsed the initiative and is closely tracking its progress.

The initiative's goal to show a significant reduction in the prevalence of the foodborne illness risk factors in the food service industry requires government to become more efficient, effective, and responsible to the citizen's needs. The initiative requires MDA's Food Service Sanitation Section to demonstrate that state and local regulatory efforts and the expenditure of tax dollars and fees are accomplishing the intended result and are helping Michigan citizens to live healthier lives.

The Michigan Local Public Health Accreditation Program is well suited for MDA to use to collect baseline industry compliance data, measure progress toward meeting the goal, adjust program direction and strategy as necessary, and to assure local health food service establishment inspection programs are effective.

### **Local Health Staffing Level Concerns**

In 2003, MDA created the Emergency Risk Based Inspection Schedule (ERBIS). A local health department may invoke ERBIS whenever a local emergency prevents a local health department from meeting minimum inspection frequency requirements for food service establishments. A local health department may be on ERBIS for a period of 12 months. The local health department must provide a notice to MDA including a description of the conditions that constitute the emergency and a summary of the steps that are being taken to resolve the emergency. A local health department's accreditation

status will not be negatively affected if the procedures outlined in MDA's ERBIS policy are followed.

Under ERBIS, a reduced inspection frequency schedule has been developed. The rationale is to target more resources to those food service establishments that have the potential for posing the highest risk of foodborne illness while applying the least amount of resources to those establishments that pose minimal risk. Under ERBIS, high-risk establishments are inspected at the frequency required by law and low risk establishments are inspected at a reduced frequency.

To date, six local health departments have declared a food service sanitation program emergency and are on the ERBIS system. Lack of sufficient staff to conduct the program is a common theme.

Important Factor IV – Program Support evaluates local health staffing levels. Important Factor IV is derived from the U.S. Food and Drug Administration "National Recommended Retail Food Regulatory Program Standards; Standard 8 – Program Support and Resources." None of the local health departments evaluated to date have met "recommended" staffing levels. Only 25% of the departments evaluated meet "minimum" staffing levels.

Adequate staffing at the local health department level is important for meeting minimum program requirements and helping to reduce the prevalence of the risk factors in food service establishments.

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## **VI. SUMMARY**

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Local tax dollars and license fees account for approximately 67% of the total amount of money spent at the local level on the state's food service sanitation program. The state appropriation to local health has been in decline since 2002. The impact has been softened by increased local taxes and industry fees. Local health departments generate relatively high numbers of regulatory activities aimed at reducing foodborne illness. The Accreditation Quality Improvement Process has been successful and is near completion. Overall, local health departments are meeting the majority of the minimum program requirements. Corrective plans of action are being submitted as necessary and are being implemented timely. To date, all local health departments are either accredited or accredited with commendation. The Risk Factor Reduction Initiative will complement the Local Public Health Accreditation Program by helping to make government more accountable. Adequate staffing at the local level is a concern.